

**Office of Faith and Community Based
Partnerships (OFCBP)**
Survey for
Faith-Based and Community-Based Organizations

Your Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

Organization Website Address: _____ FAX _____

Instructions:

Thank you for taking the time to complete this survey. It should take approximately 10 minutes. **Please bring the survey to the Outreach Focus Group on March 12, 2003.**

Answer the questions from the perspective of the local branch of your organization.
Circle your response for each question, using the options provided.

1. How familiar are you with the Faith-based and Community-based Organization Initiative (federal program providing the framework for partnerships between government agencies and faith-based and community-based organizations)?

Not familiar

Very familiar

1

2

3

4

5

6

7

2. Are you aware that the OFCBP is the means by which the Department of Employment Services is implementing the Faith-based and Community-based Organization Initiative grant for the District of Columbia?

Yes _____

No _____

3. How familiar are you with the One-Stop Delivery System and its network of partners in the District of Columbia?

Not familiar

Very familiar

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4. How familiar are you with the services offered by the Department of Employment Services and the local One-Stop Career Centers?

Not familiar

Very familiar

1 2 3 4 5 6 7

5. How familiar are you with the DOES web site, www.does.dc.gov

Not familiar

Very familiar

1 2 3 4 5 6 7

6. Are you aware that DOES' One-Stop Career Centers, works cooperatively with non-profit organizations?

Yes _____ No _____

7. How often does your organization refer customers to DOES' One-Stop Career Centers?

Never

Often

Not applicable

1 2 3 4 5 6 7 8

8. Is your organization interested in providing its current services to a greater number of customers/members?

Not interested

Very interested

1 2 3 4 5 6 7

Comments: _____

9. If it could be done at no additional cost to your organization, would you be interested in forming a partnership with DOES and other community organizations as part of a larger network of service providers?

Not interested

Very interested

1 2 3 4 5 6 7

Comments: _____

10. Is your organization currently involved in any partnerships or referral arrangements with other faith-based or community-based service providers?

Yes No

If yes, please explain: _____

11. Is your organization interested in expanding your customers' access to services not provided by your organization?

Not interested

Very interested

1

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What additional services would you like to have available? Please be specific.

12. Is your organization interested in listing your job vacancies with DOES?

Not interested

Very interested

1

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13. To help us understand your organization better, please check the services that your organization currently provides.

- ☐ Abuse Counseling: Sexual/Physical
- ☐ Aging Services
- ☐ Alcohol/Drug Abuse
- ☐ Budgeting
- ☐ Car Repairs
- ☐ Childcare
- ☐ Child Protection
- ☐ Citizenship Education
- ☐ Clothing
- ☐ Computer/Keyboard Training
- ☐ Disability Services
- ☐ Education
- ☐ Emergency Shelter
- ☐ Emergency Travel Assistance
- ☐ Employment Assistance
- ☐ GED
- ☐ English Language Training
- ☐ Home Care
- ☐ Food Assistance
- ☐ Furniture

- ☐ Heating/Cooling Assistance
- ☐ Housing Assistance
- ☐ Juvenile Justice/Court
- ☐ Legal Assistance
- ☐ Literacy
- ☐ Medical Assistance
- ☐ Mental Health Services
- ☐ Mentoring
- ☐ Out of Home Placement
- ☐ Parenting Help
- ☐ Physical Health
- ☐ Pregnancy/Family Planning
- ☐ Recreation
- ☐ Training
- ☐ Transportation
- ☐ Tutoring
- ☐ Utilities Assistance
- ☐ Youth Services
- ☐ Other _____
- ☐ Other _____

Comments:
